# 1320401

# FORM D

PROCESSED

JUL 27 2005

THOMSON FINANCIAL

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



SEC USE ONLY
Profix Serial

DATE RECEIVED

Name of Offering (Deheck if this is an amendment and name has changed, and indicate change Limited (Diability Company	RECEIVED CO
Filing Under (Check box(es) that apply): Rule 504 Rule 505 K Rule 506 Sect	ion 4(6) ULOE S
Type of Filing: New Filing Amendment	JUL 1 4 2005
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) ROSSTOCK 2005 Fund LLC	198/8/
Address of Executive Offices C/O ROSSTOCK LLC, 150 East Street NY, NY 1002	ode) Telephone Number (Including Area Code) 2 (212) 888-2720
Address of Principal Business Operations (Number and Street, City, State, Zip C (if different from Executive Offices) same as above	ode) Telephone Number (Including Area Code)
Brief Description of Business	
	ther (please specify): Inmited Liability Company
Actual or Estimated Date of Incorporation or Organization: OT3 OT5 Actual  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Cn for Canada; FN for other foreign jurisdiction)	Estimated r State:
GENERAL INSTRUCTIONS	
Political.	

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or m	ore of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and managing partners.	ers of partnership issuers; and
, , , , , , , , , , , , , , , , , , , ,	as of partnership issuers, and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	tor X General and/or
	Managing Partner
Full Name (Last name first, if individual)	Managing Member
Rossrock LLC	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Rossrock LLC, 150 East 52nd Street, 27th Floo	r, NY, NY 10022
C/O ROSSIOCK LLC, 130 Edst 32Nd 3tfeet, 27th F100	L, NI, NI 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	tor General and/or
	Managing Partner
Full Name (Last name first, if individual)	Face of the control o
The state ( Saut Halle 7110), it into 770 and	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	tor General and/or
	Managing Partner
Full Name (Last name first, if individual)	
To the Court state that, it is or taken	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	tor General and/or
	Managing Partner
Full Name (Last name first, if individual)	
(	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	tor General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Durings of Basidana Addison (Number and Street City, State 71s Code)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	
	Managing Partner
Full Name (Last name first, if individual)	<u></u>
Business or Residence Address (Number and Street, City, State, Zip Code)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Dubiness of residence reducess. (redinoes and street, City, state, Lip Code)	

					B. i	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer solo	i, or does ti	ne issuer i	ntend to se	II. to non-a	ccredited i	nvestors in	this offer	ing?		Yes	Х
•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., 0. 400			Appendix				_			
2.										.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s_10	0,000*	
												Yes	No
3.		_	permit join		-							X	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Fu	ll Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (N	lumber and	1 Street, C	ity, State, Z	(ip Code)		<del></del>		اده استودید سه در وا <mark>ده سیدی داد سید</mark>		
Na	me of As	sociated Br	oker or De	aler			***************************************						
Sta			Listed Has						· <del></del> -		<del></del>		
	(Check	"All States	or check	individual	States)					**************		All States	
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	ll Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated Bi	oker or De	aler				_ ···		***************************************	**************************************	<del></del>	
Sta	ates in Wi	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	••••••	••••••	**************				All States	
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Fu	Il Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	: Address ()	Number an	d Street, C	ity, State,	Zip Code)					<u> </u>	······································
Na	me of As	sociated Br	roker or De	aler						**************************************			
Sta	ates in Wi	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check "All States" or check individual States)								☐ Al	l States			
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

<sup>(</sup>Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

\* May be waived by Managing Member on a case-by-case basis

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\Box$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	S
	Equity		
	Common Preferred	<u> </u>	
	Convertible Securities (including warrants)	ŧ	\$
	Partnership Interests Other (Specify Limited Liability Company		
			-
	Total	<u> </u>	3
_	Answer also in Appendix. Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Agoragala
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	42	512,350,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix. Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		<u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	F	\$
	Accounting Fees	×	\$ 10,000
	Engineering Fees	-	
	Sales Commissions (specify finders` fees separately)	_	
	Other Expenses (identify) miscellaneous closing costs		\$ 125,000
	Total (including 1% due diligence fee, filing for blue sky fees, expenses, etc.)	ees, K	\$ 140,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	5	\$ 29,860,00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	1	
		Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees	s	s
	Purchase of real estate 10.ans	<b>万</b> 4,663,8	36 <del>9</del> s
	Purchase, rental or leasing and installation of machinery and equipment	s	s
	Construction or leasing of plant buildings and facilities	□ s	s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□\$	ПS
	Repayment of indebtedness	_	<del></del>
	Working capital		
	Other (specify):		
			s
	Column Totals	s	s
	Total Payments Listed (column totals added)	<b>X</b> □ S_2	<u>9,860,</u> 000
	D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commi information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	
ss	rer (Print or Type) Rossrock 2005 Fund LLC Signature (4. Roy	Date June 3,	2005
Na J	me of Signer (Print or Type)  By: Rossrock LLC Managing Member  Title of Signer (Print or Type)  Authorized Person		
Ī	By: James H. Ross		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No [X					
	See Appendix, Column 5, for state response.							

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Rossrock 2005 Fund LLC	Signature Dus H. Ron	Date June 3 , 2005
Name (Print or Type) By: Rossrock LLC Managing Member	Title (Printer Type) Authorized Person	
By: James H. Ross		

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				ŀ	PPENDIX				
1	Intend to non-a investor	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Co., Member Interest \$24,250,000	Accreaned	Number of Number of Accredited Non-Accredited				No
AL									
AK									
AZ				<del></del>					
AR									
CA									
со									
СТ									
DE									
DC									
FL									
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KS	·····								
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LA	<del></del>								
ME									
MD	····				<del>                                     </del>	<del> </del>			
MA		XX		4	\$ 925,00	0 0			xx
Ml	<del></del>								
MN		XX	<del>                                     </del>	1	\$ 4,000,	000 0			xx
MS					<del>                                     </del>			<del> </del>	

APPENDIX											
pas .	Intend to non-a investor	2 If to sell accredited as in State 1-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)			amount pu	4 f investor a rchased in C-Item 2)	nd State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Ltd. Liab. Co., Member Interest \$24,250,000	Number Accredit Investor	Number of Number of			Yes	No		
мо											
МТ											
NE											
NV					-						
NH											
NJ		XX		4	\$	1,100,	000	0			ХХ
NM											
NY		XX		32	\$	18,225	,000	0			ХХ
NC											
ND											
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RI											
sc											
SD											
TN											
TX											
UT											
VT											
VA	***************************************										
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wv											
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	APPENDIX											
1 2 3 Type of security				4				5 Disqualification under State ULOE				
	to non-a	to sell accredited is in State I-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				attach ation of granted) -Item 1)			
State	Yes	No	Ltd. Liab. Co., Membe Interest \$24,250,00	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												